OF 345
(11/85)
Office of Personnel Management
FPM CHAPTER 930

PHYSICAL FITNESS INQUIRY FOR MOTOR VEHICLE OPERATORS

1. Name *(Last, First, Middle)*	2. Date of Birth *(Month, Day, Year)*	3. Title of Position

4. Home Address *(Number, Street or RFD, City, State and Zip Code)*	5. Employing Agency

6. Have you ever had or have you now: *(Place check at left of each item.)*

YES	NO		YES	NO	
☐	☐	Poor vision in one or both eyes	☐	☐	Arthritis, rheumatism, swollen or painful joints
☐	☐	Eye disease	☐	☐	Loss of hand, arm, foot, or leg
☐	☐	Poor hearing in one or both ears	☐	☐	Deformity of hand, arm, foot, or leg
☐	☐	Diabetes	☐	☐	Nervous or mental trouble of any kind
☐	☐	Palpitation, chest pain, or shortness of breath	☐	☐	Blackouts or epilepsy
☐	☐	Dizziness or fainting spells	☐	☐	Sugar or albumin in urine
☐	☐	Frequent or severe headaches	☐	☐	Excessive drinking habit (Alcohol)
☐	☐	High or low blood pressure	☐	☐	Other serious defects or diseases
☐	☐	Drug or narcotic habit	☐	☐	

7. If you answer is "Yes" to one or more of the above questions, explain fully in this space, indicating date of original condition and current status:

8. (A) Do you wear glasses (or contact lenses) while driving? ..... ☐ YES ☐ NO

(B) Do you wear a hearing aid? ..... ☐ YES ☐ NO

PRIVACY ACT STATEMENT

Solicitation of this information is authorized by 40 U.S.C. 491 and 5 CFR Part 930 Subpart A, which require OPM to regulate Federal employees use of Government-owned or -leased motor vehicles. It is used to ascertain the physical fitness of Federal employees, whose jobs require authorization to drive Government-owned or -leased vehicles. It is also used in the renewal of authorizations for all such employees.

Based on the information provided, employees may be referred for a medical examination before being granted an initial authorization or a renewal. The disclosure of this information is mandatory when an employee's job requires driving a Federal motor vehicle and is voluntary otherwise. However, failure to complete when requested may result in you not being permitted to operate a Government vehicle.

Certification: I certify that my answers to the above are full and true, and I understand that a willfully false statement or dishonest answer may be grounds for cancellation of my eligibility or my dismissal from the service and is punishable by law.	9. Signature	10. Date Signed *(Month, Day, Year)*

REVIEW AND CERTIFICATION BY DESIGNATED OFFICIAL

Certification: I certify that I have reviewed this physical fitness inquiry form and other available information regarding the physical condition of the applicant, and that I have made the following determination:

☐ 1. There is no information on this form or otherwise available to indicate that the applicant should be referred for physical examination.

☐ 2. On the basis of items checked on this form or other information, this applicant must be referred for physical examination before authorized to operate a Government-owned or -leased motor vehicle or current authorization is renewed.

☐ 3. Items checked on this form or otherwise available do not warrant referral for medical examination because of the following facts:

Signature of Designated Official	Date Signed *(Month, Day, Year)*